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ABSTRACT

The paper provides some suggestions, precautions, and encouragement for special educators and counselors interested in developing sexuality education programs for troubled adolescents. Section I offers an overview and rationale for the need to develop sex education programs in special needs classrooms. Section II describes the first 2 years of a sex education program at the Manville School (Boston, Massachusetts). Noted among program results are that students learned how to ask questions, teachers felt they were learning to become sex educators, and responses from parents were uniformly constructive. A third section focuses on three important considerations for developing a sexuality education program: clarifying goals, anticipating trouble spots, and establishing guidelines for getting started. A list of resources concludes the paper. (SB)

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SEXUALITY EDUCATION WITH TROUBLED ADOLESCENTS: SUGGESTIONS FOR PLANNING AND IMPLEMENTATION

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SEXUALITY EDUCATION WITH TROUBLED ADOLESCENTS: SUGGESTIONS FOR PLANNING AND IMPLEMENTATION

Three years ago, we began to develop a sexuality education program for students at our school. We found then--and continue to find--little information available to help special educators and counselors who want to work with troubled youth in this area of adolescent development. This paper is intended to provide some suggestions, precautions, and encouragement for others who are interested in developing sexuality education programs.

The paper is divided into four major sections. The first provides a brief overview and rationale for the need to develop programs for troubled adolescents. The second section is a brief report on the first two years of our program at the Manville School; this section is intended to function as a case study, and provide a chronological framework that may prove helpful. Section three contains more specific suggestions for planning and implementing sexuality education. The last section is a list of resources.

I. OVERVIEW

The debate concerning the role of sexuality education in the schools is one familiar to all of us. It appears that there is even less resolution of the question as it concerns disturbed children. Although some rationale for sexuality education is included, this paper begins with the assumption that teaching about sexuality is an important task for teachers and counselors. Discussion of the need for sexuality education and strategies for convincing parents and school personnel of this need are beyond the scope of this paper.

Sexuality and Adolescent Decisions

We view sexuality issues as one aspect of a broad set of decisions facing adolescents. Young adolescents are faced with a baffling series of biological and psychological changes. These changes create special problems for adolescents as they make decisions about jobs, drug use,and their relations with peers and adults. Most adolescents have some difficulty negotiating these changes, and require support from parents, teachers, counselors and friends. However, most adolescents do manage to move successfully through the struggles of this period--emerging with a new set of ideas, values, social skills and relationships.

Young adolescents with serious emotional problems face a much more frightening and confusing transition. Often, they have experienced social failure at home, in school and in their peer groups. In addition, they often have difficulty understanding the changes which they are experiencing. They do not know how to solve interpersonal dilemmas, reflect on their own development,

evaluate their behavior, or communicate their concerns. Despite these cognitive and emotional problems, their biological clocks continue to tick, and they are foced to deal with the changes brought on by puberty and early adolescence.

Our experience working with emotionally disturbed youth indicates that, for most of them, early adolescence is a crucial time for directing the course of their lives. They require systematic and intensive programs to help them understand and cope with the changes they are experiencing, as well as to help them develop specific problem-solving skills. This paper describes our work, thus far, directed toward the development of a program in sex education--one part of a more general early adolescent intervention.

Why Teach Sex Education in Special Needs Classrooms?

A troubled adolescent's cognitive, emotional and sociological problems are compounded by an adult culture which encourages excess and offers few resources for making decisions about personal problems. For example, adolescents are encouraged to be seductive and sexually active, but they are not provided with adequate information to protect themselves. In other words, they are encouraged to be sexy, but not sexual. Our students do not anticipate the consequences of their own behavior, nor do they know how to get help when they need it. Faced with sexual pressures from peers, parents and the media, they are confused and often feel helpless.

Most television programming is full of sexual innuendo and suggestively sexual content. Since children are reaching puberty at ever-earlier ages, they are even less prepared for premature sexual behavior. Unwanted pregnancy and teenage parenting often result in continued patterns of family stress and emotional problems. The combination of sexual saturation in the media, plus a lack of open and supportive sexuality education, leaves adolescents vulnerable. They have inaccurate information, few positive adult models and no chance to practice making decisions in a safe, educational environment.

Schools cannot avoid their role in helping to shape students' attitudes, self-concepts, peer relationships, and understanding of sexual relationships. First, schools play a major role in the development of personal and interpersonal skills--especially during the late elementary and early high school years--which students use as foundations for interpersonal relations. They also are the principal place where youth learn adult norms and societal roles.

In many ways, the school is a necessary and <u>appropriate</u> forum for confronting the difficult issues of psychosexual development and the consequent changes in peer relations. Questions and concerns can be given an academic as well as a social context; education about human sexuality and social interactions can be integrated into different school curricula and a concern for "the whole child". The school program provides opportunities to develop decision-making skills, self-control, and an awareness of acceptable social behavior.

These social and academic skills often determine whether an

adolescent has the ability and confidence to interact with peers and adults, and thereby become a successful, healthy adult. Sexual attitudes, standards, and behavior, contribute to an adolescent's emergent sense of self. The school can help with the development of values and social skills: co-ed classes, a focus on decision-making skills, and the availability of professional adults are among the resources available in a school setting.

Schools which serve children with emotional and learning problems have a particularly important reason for focusing on these concerns. These children and adolescents often need more than just a safe, structured place to confront and explore sexual concerns. They need more time to learn new concepts and academic skills, more opportunities to practice social skills, and more supportive adult feedback to foster positive attitudes about themselves and their peers. In addition, they often have fewer personal, family and community resources outside the school, to which they can turn for help. For example, we found that without school support, our students were left to learn primarily from peers, the media and their own (often painful) experiences in the street.

Why Avoid Teaching Sex Education in Special Needs Classrooms?

Many critics of sexuality education feel that this is a topic too private and/or full or moral values for school; therefore, parents should be the sex educators, with sexuality discussed mainly at home and sexual values formed within the family unit. However, sex permeates advertising and entertainment--two very public arenas. Parents find it increasingly difficult to protect children from

influences outside the family. Thus, we believe at least some aspects of sexuality need to be confronted and dealt with constructively, as a shared topic of community, school and home discussion.

In fact, even when most sexuality education is done in the home, parents often ask for and need help. The parents we have worked with tell us that their own embarrassment (and a lack of confidence in their own information make for communication problems with their teens. Parents and schools working together can provide the information, support, and sharing necessary to help adolescents negotiate these difficult decisions.

The second major argument against sexuality education for special needs youth is that they cannot handle the topic. Teachers and administrators sometimes fear students will not be able to control their behavior. In the long run, we have found the opposite to be true (see sections II and III). Although there were initial behavior problems, our students quickly learned to control themselves and each other because they wanted the information included in the class and because they seemed relieved that their concerns and questions were finally legitimized.

The third major argument is that sexuality education promotes earlier sexual activity. Available statistics (see Resource List) suggest this is not true: teens are more sexually active than before, at younger ages, with or without available information about their own sexuality.

II. The Manville School Program: A Case Study

Students and Program

Our school, like many urban programs for special needs students, serves children who have diagnosed emotional, learning and interpersonal problems. These are usually manifested in a pattern of impulsive, acting-out behavior; clinical work reveals a pattern of low self-esteem and perceived external locus of control; social histories reveal continued patterns of school failure and multiple family problems.

In 1977, teachers, counselors and clinicians met to discuss the need for a sex education curriculum. After 3 years of classroom work, our current sexuality program consists of three kinds of interventions: (a) classroom curricula; (b) staff in-service; and (c) a parent education support group. All of this exists in a broader context of intervention called the "Adolescent Issues Program" with classes in Job Preparation, Juvenile Law and Substance Abuse Education. Weekly classes are co-ed, and last 45 minutes to an hour. The lessons are composed of teacher presentations, written worksheets, audio-visual materials, class discussions and role-play.

The parent education support group is part of the Adolescent Issues Program and is a voluntary commitment. It meets monthly for three hours. Topics include adolescent sexuality as well as other areas of interest. We have tried to use the time in two ways. First, we review and evaluate the classroom curriculum. Second, parents share their thoughts and concerns with each other and the school staff.

The First Two Years

During the first two years, our work at the Manville School followed this sequence:

1) Initial awareness and staff development. Staff became concerned about sexual acting-out behavior, and began to think about the need to deal with sexual issues more directly. One staff member took responsibility for setting up a series of in-service presentations; these sessions provided information, and encouraged us to begin to talk with each other. They also provided initial goals and directions for our first courses. This phase lasted about 3 months.

2) Development and teaching of a "first course". Because we were new to this kind of teaching, we used the goals presented by in-service consultants to develop an eight-week course. Our primary goals were: (a) to correct students' mis-information; (b) to provide a context for students to begin to talk about sexual and other adolescent changes. We decided to team-teach (male-female), and re-combine homeroom classes (to allow us to match students by need and behavioral self-control skills).

3) Evaluation. We met weekly as a staff to talk about the course, and plan lessons. We also asked the students to complete a course evaluation. Out of this we found: (a) that students liked the course and wanted more; (b) that we needed to focus more on values and relationships the next time we taught.

4) Staff development (year two). Other staff members began to work as a group in this area, and spent time revising our first year materials. The second fall, we again presented an in-service series--this time oriented more towards values questions

since we planned to include more of these topics in an expanded (full semester) course. Some of the topics we worked on were: birth control, masturbation, family values, sex roles, and homosexuality.

5) Development of an "Adolescent Issues Program". The success of our sexuality course led us to think about dealing with other adolescent issues in a similar manner. We decided to offer a course on "substance use and abuse", and to deal with both issues in a broader context--that of making decisions about changing social relationships. Placing sexuality education in a broader context helped us make connections for students, parents, and ourselves. The "Adolescent Issues" courses stretched through the school year.

6) Weekly evaluations. In order to find out how well different aspects of each lesson worked (including content and method), we developed a short lesson evaluation exercise for students. These evaluations gave us more information about the course. Because they were involved in evaluating the course, students were encouraged to be more responsible participants in deciding on course content, and therefore more responsible for their own participation in classes. In addition, the teachers who taught the classes met weekly to evaluate and plan. Both forms of evaluation were crucial to helping us refine course goals and methods. (Information on class evaluations is available from the Adolescent Issues Project.)

Results of the first two years

Students. At the end of each course, we used student evaluations and assessments to find out what was learned and what areas needed more work. We found that students improved their ability to use appropriate vocabulary, but still had difficulty understanding the "systems" aspects of human anatomy. Perhaps more important, students learned how to ask questions. Teachers reported improvements in students' attitudes about their own sexuality, and their willingness to talk with others--as judged by behavioral changes and the willingness of students to initiate discussions of these issues.

During the course, student behavior also changed. Students asked to leave class less frequently, were less disruptive, asked more questions, and were more able to talk with each other. These behavior changes seemed to generalize, for some students, beyond the classroom.

Students evaluated the first course with phrases like, "It's better than learning it on the street," or "I feel more mature after the class." But perhaps the most striking indication of the "success" of the first courses was the willingness of students to talk with peers about these issues. One boy reported, "My friend don't know nothing about this stuff. I had to tell him what was going on. He still wouldn't believe me. How do you teach these kids?"

Teachers. Teachers felt they were "learning to become sex educators." They began to feel more comfortable with students, both in formal settings (like classroom lessons) and in informal

interactions (like lunchroom conversations, or after-class dialogues). They felt they had new strategies, and new information with which they could help students. They appreciated the chance to evaluate their own attitudes--especially when these were initially negative about teaching sexuality. Finally, they felt they could begin taking the initiative in dealing with these issues--rather than simply responding to acting-out behavior.

Parents. When we began the course, we informed parents of our goals and invited them to ask questions or raise concerns. Most parents did not interact with us around these issues until we developed a series of parent education workshops. There are still some parents who have not made their feelings known. However, responses from parents were uniformly constructive, even when they were critical. Some parents felt we might be "pushing" kids: others worried about the questions students would bring home. But in the end, the majority of parents felt they were more supported by the school in their own attempts to help their adolescents deal with these issues. Three comments collected in our parent group suggest the ways in which parents approve of this kind of course:

> "They really have to know these things. . .a lot of older people got lost by the wayside by not knowing about sex... If I knew then what I know now I wouldn't have had seven children. There are other choices."
>
> "If they don't get it in the schools, they can get it in the streets, and they get it all wrong."
>
> "We need to have our own class on this...like the kids!"

Future Considerations

The results of our evaluations indicated two clear directions for subsequent work. First, we learned that different students bring different experiences to the class, learn at different rates, and are at different places in their own development--each of which creates an "uneven" pattern of growth and change during the course. In planning further courses on sexuality, we need to think about an expanded two-year sequence which can cortinue the group focus for discussion and at the same time be more flexible in meeting individual needs. We now think about this task in terms of a spiral curriculum; but at this point, we are still experimenting with priorities and topics, with matching developmental and educational needs, with re-grouping students for sexuality classes, etc. We have much work to do in clarifying long-term goals and sequences in sexuality education for our students.

Additionally, we need to learn more about, and develop activities to help students understand and talk about, complex social-relationship issues. These include the timeless values and decisions involved in friendship, dating, and sexual activity and marriage. But they also include issues which students are exposed to in their own lives because of the specifics of American culture in the 1980's. Questions of family structure and changes, single parenthood, living together outside of marriage, and homosexuality all involve complex life-decisions which our students need to begin to think about. In addition, they are confronted

with social-sexual issues which many adults find difficult to understand and cope with: issues like prostitution, pornography, sexual advertising, rape, and sexual abuse are ever-present realities in the lives of many of our students. We need to find a way to address these safely and with dignity, in the school context.

The process of planning, developing, teaching, and evaluating courses in human sexuality has raised many important questions for us as educators and counselors. Perhaps more important, the process has brought "us"--teachers, counselors, administrators, parents, and students--together in a new way, to constructively confront some important and pressing issues.

III. A SHORT GUIDE TO DEVELOPING A SEXUALITY EDUCATION PROGRAM

The development and implementation of a "first" course in human sexuality is a long process that requires support and a level of consensus among all the adults who are involved, and includes several different phases. This section focuses on three important considerations: (a) clarifying goals; (b) anticipating trouble spots, and (c) (first) steps in getting started. The most important "First step" is to clarify goals and priorities--with the recognition that you will "re-learn" your goals and priorities as a result of the first attempts to teach and evaluate. Here are several things to think about in clarifying goals:

1) There are so many important concepts and skills to teach in this kind of course that you will face <u>conflicting priorities</u>.

Given the amount of time available (6 weeks, 8 weeks, semester, etc.), what are the most important goals you want to accomplish? Remember that you won't be able to cover all of them, and that all of them have some importance.

2) Use other adults to help establish priorities. Small-group staff exercises (like priority lists), parent questionnaires, and surveys of other courses (see Resource List) will all help establish some directions and goals. Use this information to select several priority goals for your school and your students.

3) Student assessments can help clarify goals. Questionnaires and structured interviews are one kind of assessment (see Resource List). But informal conversations, careful listening, and communication with other adults are also important ways to find out what students want and need to learn.

Finally, it is important to use what you learn from teaching, to help re-clarify goals and re-establish priorities. Students and teachers both go through many changes in the course of this process; goals and methods will reflect those changes. (The issue of evaluation is discussed in more detail below.)

Potential Trouble Spots

Introducing sexuality education into a school's program raises problems. Some of them can be addressed through in-service activities; others require consistent communication and lots of time.

1. Reticent Teachers. Many of us are uncomfortable with the idea of discussing sex with students. One way to de-sensitize ourselves is to get good in-service training. For example, we practiced

using a medical vocabulary, explored our own concerns regarding sexuality, and used role play and guided fantasy exercises to de-sensitize ourselves and anticipate classroom problems.

The desensitization process should be a common theme for all aspects of the staff development phase. The process allows us to gain some self-perspective, become more comfortable with new and sometimes intimidating material, develop a sense of humor about our own sexuality, and resolve some values questions that will allow us to be mutually supportive.

2. Worried Parents. Parents have the desire and right to be involved in their child's education. Some parents feel worried, concerned or downright outraged at the thought of sex being discussed openly in the classroom. Parents fear that the teaching staff may not share the family's values, or that their children will learn too much, too fast, before they're ready. Parents need to know about the goals of sexuality education in their child's program, in the broader context of adolescent development. Some schools require parent permission. We notified parents and invited them to attend a parent education group designed to include them in their child's sexuality education program. We found it crucial to include parents' ideas, and develop alliances to improve our work with students.

3. Resistant Students. Students, like parents and teachers, may initially feel uncomfortable discussing a "taboo" subject. Students should not be forced to participate in the classroom lessons, but we suggest that resistant students should be gradually intro-

duced to the material, preferably in a smaller group setting or individually if necessary.

We have found that students, though anxious at times, look forward to the lessons. They should be provided with outlets if they become too uncomfortable: time-out from the classroom, time with a counselor, doodle pads, and other classroom strategies can be used to help students cope with difficult times and find alternative behavior. (Some techniques are discussed in subsequent sections.)

Occasionally, a student has difficulty with one or two specific topic areas. We urge some special attention at this point--perhaps a counseling session or one-to-one teaching of the material.

Some strategies for encouraging reluctant students include: (1) verbalizing respect for their right to privacy, (2) modeling openness and an appropriate language for discussing sexuality, (3) ensuring a safe environment so they do begin to participate, and (4) verbalizing concerns "for" the more reticent studetns. For example, we share typical stories of young adolescents. We make general statements like: "Most teenagers worry about...". We use role-plays to open up discussions. We invite each student to participate in some way--either by reading from printed materials, offering an opinion, or simply reading instructions for other students.

Some Guidelines for Starting

When the decision to teach a course on adolescent sexuality has been made, many questions remain. These questions all revolve around the difficult tasks of getting started: which topics, for how long; who should teach; who should be in the class; how classes

should be structured; how to use available resources, etc. To help facilitate the process of getting started, we offer twelve general guidelines.

1. Give yourself time, but do get started.

Feelings like, "I'll never get it all done, there's too much to teach," or "I don't know enough yet," or "the parents will never put up with it" often stop the process before it begins. Although these feelings are real and may be accurate, it is important to get started in whatever way feels comfortable for you. Remember: you will never know it all, or cover everything in one course--especially the first time! And you probably won't feel totally comfortable before you begin. But remember also that it is fine to start where you are comfortable--first, because you own comfort will be transmitted to your students, and second, because any jumping-off spot will lead to questions that will in turn expand the scope and direction of the class. Start slowly and safely, but start.

2. Learn about the facts and issues.

Two important tasks at this point are: (a) to reflect on your own experiences and listen to students in order to become more familiar with the issues that most concern young adolescents; (b) to learn a basic set of facts and concepts related to sexual development. Issues can be clarified and made more conscious by active listening, group staff activities, and meetings to communicate with other staff members. Books, local Planned Parenthood or hospital agencies, and other local resources can be used to collect an information resource file that can be used in planning and teaching the course. Perhaps most important, listen to your students and find out what they are interested in learning. This information

will be invaluable later.

3. Know your own values and limits.

Teaching about sexuality can initiate a productive dialogue among students, parents and teachers. However, it can also be a difficult experience--especially when deeply held values and beliefs come into conflict. One important preparatory activity is to clarify and write down your own attitudes regarding the teaching of sexuality; share these with others and find a common ground that will let you begin. The same process is necessary for anticipating personal limits. Ask yourself what kinds of questions you will not be willing to answer; what behaviors you will not tolerate, etc. In-service workshops and group meetings are helpful.

4. Talk with parents and school administrators.

Success is facilitated by the support of many adults beyond the classroom or group setting. Be clear about your goals. Share some of your questions and concerns. Be positive about the potential gains and honest about potential problems. Commit yourself to informing parents and administrators about the content of the course before you begin the first lessons. Consider the possibility of a parent education workshop (or a series of workshops) to introduce and evaluate your planned course. (See Resource List.)

5. Assess your students' needs and skills.

Social ideas, interests, and skills change dramatically during the years on either side of pubescence. It is important to assess the developmental capacity of your students, especially in regard

to their ability to think about the social issues related to sexuality. This is especially important for "special needs" populations, where there is often great variance among cognitive and social skills, and/or major developmental delays. Careful listening, selective questions and written assessments will help you understand your students' needs and skills. This information will help you determine and direct the scope and sequence of the curriculum.

Here are some questions to ask about your students. Can they reflect on their own behavior and/or values? Do they have friends, and/or do they think about potential conflicts in friendships? How well can they communicate their thoughts in a small group? Are they already dating or sexually active? Do they talk about friendship and dating? Do they ask questions about pregnancy and birth? Do they initiate conversations about the changes of adolescence? Do they talk about these things with peers--during lunch or recess or in the halls?

6. Given your students' needs and skills, start where you feel comfortable and competent.

A first course in adolescent sexuality, like a first course in anything, will not cover all topics equally well. In fact, one major goal of a first course in sexuality, is to provide a supportive experience--so that you and your students will want to learn more. Start where there is common ground between your students' needs and your own experience. For example, if students know little about anatomy, it is important to start there. However, even if students know anatomical terms and concepts, you may want to start with a review to give yourself some time to warm up and settle in. (Don't

let yourself get into areas where you are so uncomfortable that it impedes your teaching.) Be sure to consider how your values interact with those of students, parents and other staff. Be ready to say, "I don't know the answer to that question."

7. Develop a classroom structure and climate that are safe and comfortable.

Classroom rules, expectations, and discipline have a significant impact on the success of a first course in sexuality. A range of teaching styles can be used--including structured, individualized formats, as well as more open discussion session. In all cases, an obvious structure with clear, consistent expectations and consequences, will help build a safe and productive learning environment.

Here are some questions to ask yourself about classroom structure:

:: How should the rules be set? By whom?

:: Which rules should govern discussion?

:: What are fair behavioral expectations and consequences, given the nature of the course?

:: What special problems should be anticipated?

:: What should be done about personal questions? (We recommend disallowing them during class, and using a Question Box instead.)

:: What strategies will make this class safe for all students?

:: What values will be supported and/or condoned in this class? (See Changing Learning, Changing Lives, in Resource List.)

:: How will values differences be dealt with?

8. Encourage student dialogue.

Whatever structure is right for you, learning about the social changes of adolescence is facilitated by some opportunity for dialogue among students. Structured activities (like role-plays, debates, interviews and brainstorming sessions) are one kind of strategy for fostering dialogue. Open, time-limited discussions, small problem-solving groups, and discussions of films are also good strategies. If you can, try to mix classes--sexually as well as in terms of social maturity. (There are advantages for more homogeneous groups, so think about follow-up groups, too.) Boys and girls will not learn how to talk with each other about these issues unless they are given the opportunity to practice.

9. Allow graceful exits.

It is crucial to know when to press on and when to back off. This is especially important when working with special needs students. "Graceful exit" techniques include time-limiting certain topics, allowing a student to leave the room on request, planful ignoring of non-disruptive avoidance behavior, and finding comfortable ways for each student to participate. For example, you can ask a particularly anxious student to simply read the instructions for a group task, or write down other students' solutions--rather than forcing him/her to participate more verbally.

It is important to think about alternatives to disruptive behaviors. Some alternatives include: question boxes, scratch pads for doodling or writing, planned breaks. It is also important to think about the support systems available outside of class. For example, if a counselor, tutor, or resource person is available, parti-

cular students may make very good use of a more individualized time within the class period. Without such support, it is important to plan out a reasonable way to legitimize student discomfort.

Finally, there are some students who need to be pushed. There are also students whose acting out behavior can be made more productive. For example, sexuality classes provide many wonderful opportunities for role-plays and other activities in which students who feel restless or impulsive can channel their energy to help themselves and others.

Think about the specific needs and limits of each student. Let yourself watch and listen, or (better yet) invite a colleague to observe. Use what you see and hear to help make decisions about specific teaching and limit-setting strategies.

10. Try to include social relationships in your course.

A sexuality course can be more than anatomy, pregnancy, birth, and birth control. Courses that do not address social relationships may give students the message that "all there is to sex" is plumbing and intercourse! If there is time, we suggest including lessons in changing social relationships. These issues are difficult to teach about, but they are crucial to successfully confronting the many changes of adolescence.

Some potential topics include: changes in relationships with parents; friendship and dating; peer pressures; sexual values in the media and advertising; sex-roles and stereotypes; alternative decisions related to life-styles (homosexuality, shared parenting, the decision to marry or not, etc.); violence and sexuality. Remember to choose topics which are salient to your students, with which

you are relatively comfortable and knowledgeable. But try to include some time for the social issues related to adolescent sexuality.

11. Keep evaluating.

Evaluation serves many purposes and comes in many forms. Evaluation helps you (as the teacher) see changes, anticipate problems, and modify the curriculum. It helps you make more informed decisions about goals and priorities. It helps the evaluators (including students, administrators, and parents) become involved in and empowered by, the learning experience. It reminds you why it has been important and worthwhile to try this new curriculum. And it provides help for colleagues who may be interested in similar work. (For example, these 12 guidelines derive directly from our evaluation of our own teaching.) Here are some ways to evaluate the course: student evaluations of each lesson (see Procedural Manual for Adolescent Decisions: A Curriculum); parent and staff questionnaires; parent phone calls, parent workshops, and PTA meetings; brief interviews with students, parents, and staff; logs of your own thoughts and impressions; collections of student questions; use of an in-class observer (guidance counselor, colleague, student teacher, etc.) or audiotapes of classroom sessions. Presentations at staff meetings or in-service sessions are also ways to collect suggestions, evaluations and ideas.

12. Once more: enjoy yourself, be patient and give yourself time.

Perhaps the best indicator of the "success" of a first course in sexuality, is the willingness of all involved to try it again.

From this perspective, teaching is like a long-distance jog rather than a flat-out sprint: it is important to slowly improve your performance--lap by lap!

Give yourself time. Use available resources--whether they be guest speakers, films, or other staff members. Pace yourself and learn from your mistakes. Collect ideas and promise yourself you will try it again--next quarter or next year. Like most good things, your performance and your students' understanding of their own changes, will both improve with time.

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